16/04

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: X Practitioners associated with the Customer Number: 26111 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Number legistration Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 26111 IX The address associated with Customer Number: ORFirm or Firm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Bioport R&D. Inc. 300 Professional Drive Gaithersburg, Maryland 20879 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.

Title Vice President Commercial Product Development This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gallering, propering, and sulminute an extension of the complete, including gallering propering, and sulminute an extension of the complete the projection form to be LISTON. This is, in concluding the sulminute of the complete the projection form to be LISTON. This is the complete the complete the long mode suggestions for reciscing this business, studied be such to the Child Indicated U.S. Platert and Trestement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrie, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TOT. Commissioner for Platerins, P.O. Box 1450, Alexandrie, V.A. 22313-1450.

SIGNATURE of Assignee of Record hose signature and title is supplied below is authorized to act on behalf of the assigner

and must identify the application in which this Power of Attorney is to be filed.

William J. Jackson

Signature

Name